



OFFICE OF THE COMPTROLLER

815 CMR 6.00

MMARS MEMO #230

CHARGEBACK DEPARTMENT AUTHORIZATION FORM

PLEASE COMPLETE SEPARATE AUTHORIZATION FORM FOR EACH CHARGEBACK GOOD/SERVICE

[The following information will appear on the ACSI and the CHBK Tables on MMARS]

FISCAL YEAR: _____

DEPARTMENT: _____

ADDRESS: _____

DEPT. CONTACT PERSON: _____ [person to be listed on the MMARS screen]

TELEPHONE: () _____ ext. _____

DETAILED DESCRIPTION OF CHARGEBACK: [Title of service, fee or charge to be listed on MMARS] : _____

[Please complete all blanks below. If marked "optional" and information is either inapplicable or unknown, leave blank]

OBJECT CODE(S): _____ [this may be changed by CTR]

FUND: _____ PROGRAM: _____

RSRC/SUB (revenue source code/sub rev code): _____

APPROPRIATION/SUB (receipt account number/subsidiary): _____

ORGN/SUB (optional, department org code/subsidiary to receive revenue): _____

REPT CAT (optional, reporting category): _____ TYPE (optional, P-Project; C-Client; G-General reporting category) _____

PRJ/CL/GRC (optional, general reporting category/project codes) _____

CHARGEBACK TYPE (check one option only):

- ☐ Statewide (SW) (mandated charges. Chargeback dept charges all state depts for authorized fee, usage or charge)
- ☐ Ad Hoc (AH) (Chargeback department charges only state depts for authorized fee, service, usage or charge.)
- ☐ Public Fee (PF) (Chargeback depart may charge state depts or gen public for authorized fee, service, usage or charge.)

[NOTE: municipalities, cities, counties, towns, quasi-public entities and authorities are considered the "general public" for chargeback purposes, NOT state depts. Only state departments that are on MMARS are considered state departments.]

BILL FREQ: A Ad Hoc (manual entry as required) _____ (Please Note: Departments may request *M-Monthly*; *Q-Quarterly*; *S-Semi-Annually* or *Y-Yearly* Automatic Billing Frequency options if department is capable of pre-determining chargeback amounts for these periods and only limited adjustments will be needed at end of fiscal year.

*** PLEASE ATTACH ALL OF THE FOLLOWING OR CHARGEBACK CANNOT BE PROCESSED: ***

1. A Photocopy of citation and language of the specific legislative authorization to charge for these goods and services.
2. Listing of per unit rates for chargebacks or formula for establishing rates, including any supporting documentation
3. A completed *On-Line Access Request Form* for each NEW individual to receive D-16 MMARS Security who did not already receive D-16 MMARS security in a prior fiscal year.

PLEASE SUBMIT COMPLETED FORMS TO: THE OFFICE OF THE COMPTROLLER ATTN: LEGAL 9th Floor One Ashburton Place Boston, MA 02108 (617) 973-2618.